|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Program &**  **Program Sponsor** | |  | | | | | | | | **Congressional District(s)** | |  |
| **Applicant:** | |  | | | | | | | | **Faith Based Organization?** | | Yes  No |
| **Applicant Federal ID Number:** | |  | | | | | | | | **Best Practice?** | | Yes  No |
| **Jurisdiction(s) Served and Zip +4 Codes:** | |  | | | | | | | | | | |
| **Program Sponsor** | |  | | | | | | | | **Congressional District(s)** | |  |
| **Program Title:** | |  | | | | | | | | **Certified Crime Prevention Community?** | | Yes  No |
| **Grant Period:** | | January 1, 2020- December 31, 2020 | | | | | | | | **DUNS NUMBER:** | |  |
| **Type of Application:** | | Continuation | | | | | Continuation of Grant Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Rural**  **Urban**  **Suburban** | |
|  | Project Director | | | | Project Administrator | | | | Finance Officer | | | |
| **Name:** |  | | | |  | | | |  | | | |
| **Title:** |  | | | |  | | | |  | | | |
| **Address including Zip+4:** |  | | | |  | | | |  | | | |
| **Phone:** |  | | | |  | | | |  | | | |
| **Fax:** |  | | | |  | | | |  | | | |
| **E-Mail:** |  | | | |  | | | |  | | | |
| ***Signature of Project Administrator:*** | | | | | | | | | | | | |
| **Brief Project Description:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Project Budget** | | | DCJS Funds | | | Local Match Total Requested | | | | | | |
|  | | | **Federal** | **State** | |  | |  | | | | |
| Personnel | | |  |  | |  | |  | | | | |
| **Consultants** | | |  |  | |  | |  | | | | |
| Travel | | |  |  | |  | |  | | | | |
| Equipment | | |  |  | |  | |  | | | | |
| Supplies/Other | | |  |  | |  | |  | | | | |
| Indirect Costs | | |  |  | |  | |  | | | | |
| Total Requested | | |  |  | |  | |  | | | | |